FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

3060-0076
Est. time per response:
1 hour Approved by OMB

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent Chariton Valley Telephone Corporation 1213 East Briggs Drive Macon, MO 63552	sspondent 10ne Corj	poration											Check he is a chan address.	Check here if this is a change of address.	
2. Year Report Filed 2018 SECTION II - Full-Time Employees.		3. Reporting Period (E Period Covered by I 02/24/2018	Period (Endir vered by Rep /2018	Reporting Period (Ending Date of Pay Period Covered by Report) 02/24/2018	*		4. Number of Reporting a. Few b. 716	 4. Number of Full-Time Employees during Selected Reporting Period (check one); a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections) 	nployees durii (one): omplete Sect	ng Selected ions I, IV, and ons)	V only)				
							Numi	Number of Employees (Report employees in only one category)	yees one category)						
Job								Race/Ethnicity							
Categories	Hispanic or	nic or						Not-Hispanic or Latino	ic or Latino						Total
	Lat	ino			Male	le					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level	>	В	С	D	т	П	G	I	-	د	^	٦	Z	z	0
Officials and Managers First/Mid-Level Officials and 1.2															0
Professionals 2															0
Technicians 3															0
Sales Workers 4									5						5
Administrative Support 5									3						ω
Craft Workers 6			15												15
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	15	0	0	0	0	0	∞	0	0	0	0	0	23
PREVIOUS YEAR TOTAL 11	0	0	15	0	0	0	0	0	8	0	0	0	0	0	23

Title of Person Signing General Manager/CEO	O5/10/2018 Typed or Printe Kirby J.	SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	This is to advise the Comm (Attach a list indicating part)	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1				Categories	Job		SECTION III - Part-Time Employees.
	Printed Na	, information	ission that ies involve	ission that naving com	n Complai	0	0											A	Male		Hispanic or			
	Typed or Printed Name of Person Signing Kirby J. Underberg	on, and beli	the followin d, date filed	no complaii ipetent juris	nts Pursua	0	0											В	Female	7	i ci			
	on Signing	ef, all statem	g complaints , courts or aç	nts regarding diction in suc	nt to 47 CFF	0	0											C	White					
OF ANY ST	Signature	ents in this re	alleging viola gencies befor	violations of th matters du	₹ 22.321, 23.	0	0											D	Black or African American					
ATION LICEN		port are true	ations of the p e which the m	the equal empring the calend	55, 90.168, 10	0	0											Е	Native Hawaiian or Other Pacific Islander	2				
TEMENTS MA		and correct.	rovisions of any equal emplo atter has been heard, file nur	ovisions of an	1.4, and 101	0	0											П	Asian	Male			Nun (Report emp	
ADE ON THIS STRUCTION I				isions of Fede red by this rep	311.	0	0											G	American Indian or Alaska Native					
FORM ARE I). Chalulera		oyment oppor ımber or othe	eral, state, ternort.		0	0											I	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)	
WILLFULLY FALSE STATEMENTS MADE ONTHIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			tunity statute r designation,	itorial, or loca		0	0											-	White		Not-Hispanic or Latino	У	oyees one category	
			This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	local statutes have been filed against this		0	0							ar .				٦	Black or African American					
				e been filed a		0	0											7	Native Hawaiian or Other Pacific Islander	Fen				
	Telephone No. (660) 395-9600			ainst this		0	0											٦	Asian	Female				
						0	0											Z	American Indian or Alaska Native					
						0	0											z	Two or more races					
VOCATION						0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total			